m4h

Save the Children

Report

The Integrated School Health Policy Project

Implementation overview for Output A of the Multisectoral HIV Prevention Programme (MHIVP) 10/2018 – 04/2021

April 2021

The Integrated School Health Policy: A crucial investment in South Africa's future

South Africa has been a pioneer in linking health and education for the improved well-being of its upcoming generation since 2003, when it launched its School Health Policy and Implementation Guidelines. In 2012 the policy was updated with a more comprehensive package of services and relaunched by the President as the Integrated School Health Policy (ISHP), placing greater emphasis on an integrated approach between the Departments of Health, Education and Social Development. Starting the same year, the ISHP was rolled out nationwide with support in all nine provinces from UNICEF and Save the Children SA (SCSA) under the DFiD-funded Reproductive, Maternal Child Health Consortium Programme.

Screening for vision © GIZ

The relevance of this highly ambitious policy is evident. A school system enrolling most of a country's young people is an inestimable resource for development, making it possible to efficiently target the next generation with important information and services. It also helps level the playing field for children from less well-to-do backgrounds. The desired synergy with the health and social development sectors has a particular potential to be fruitful. The ISHP targets the entire population of learners, including those with special needs.

The ISHP associates Comprehensive Sexuality Education (CSE), or Life Skills Education by teachers with interventions in the schools by health personnel: These include screening for health problems that could affect learning, as well as counselling and health education, including on sexual and reproductive health and rights. With the recent introduction of a Standard Operating Procedure (SOP) on Sexual and Reproductive Health and Rights (SRHR), this latter aspect has been made more concrete, including pregnancy and HIV testing, provision of condoms and other contraceptives, and possible referral for choice Termination of Pregnancy (cTOP), particularly for secondary learners.

The key element for implementation are School Health Teams (SHT), whose core is a School Health Nurse (a 'professional nurse'), ideally accompanied by a Health Promoter to provide health education. Based in a local health facility, these teams visit schools, and aim to screen 2000 learners per year. They also are to refer learners to appropriate health and social services. Each school is also supposed to have a School-Based Support Team (SBST) for coordination of the ISHP within the school, including the Principal and the teacher in charge of CSE (the Life Orientation Teacher).

Administration of the ISHP is entrusted on national, provincial and district levels to Task Teams associating the three departments.

A boost to ISHP multisectoral coordination in the Eastern Cape

Implementation of this important programme has not always lived up to its promise. Yearly screening targets are not met, and learner pregnancies and HIV infections remain unacceptably high. Human and financial resources appear as insufficient, but so does strong leadership of the programme. One recurring explanation is a lack of coordination among the three sectors in charge of managing the ISHP: As separate sectors, they are used to 'working in silos', but in the context of ISHP the Department of Health, which provides the actual service, tends to dominate the other two.

In the Eastern Cape (EC) province, the Multisectoral HIV Prevention (MHIVP) programme, implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and commissioned by Germany's Federal Ministry for Economic Development and Cooperation (BMZ), saw the potential of ISHP to improve the health of young people, especially in HIV prevention. In 2018 MHIVP launched its 'Output A' – support to the Provincial EC Government to strengthen management of ISHP, targeting three pilot districts: Buffalo City Metro, Nelson Mandela Bay and Alfred Nzo.

Focussing on the coordination issue, Provincial and District Task Teams (PTT and DTT) were renewed with members from the Department of Health (DoH), the Department of Education (DoE), the Department of Social Development (DSD) and the respective Municipality, representing Directorates implicated in ISHP implementation. MHIVP hired four Liaison Officers (LOs) to support the PTT and the three DTTs in overseeing the implementation of the ISHP on their respective levels. The ISHP policy stipulates respectively 6 and 7 key tasks for PTTs and DTTs:

Key tasks for PTT

1. Develop a five-year implementation plan for the ISHP in the province, as well as a detailed implementation plan for the first year.
2. Secure the required financial, material and human resources.
3. Identify and prioritise the most disadvantaged schools which should be targeted during the early phases of implementation.
4. Ensure that appropriate referral facilities and processes are in place.
5. Ensure that an appropriate and adequate training programme for new and existing staff is in place.
6. Monitor implementation of the ISHP in the province.

Key tasks for DTTs

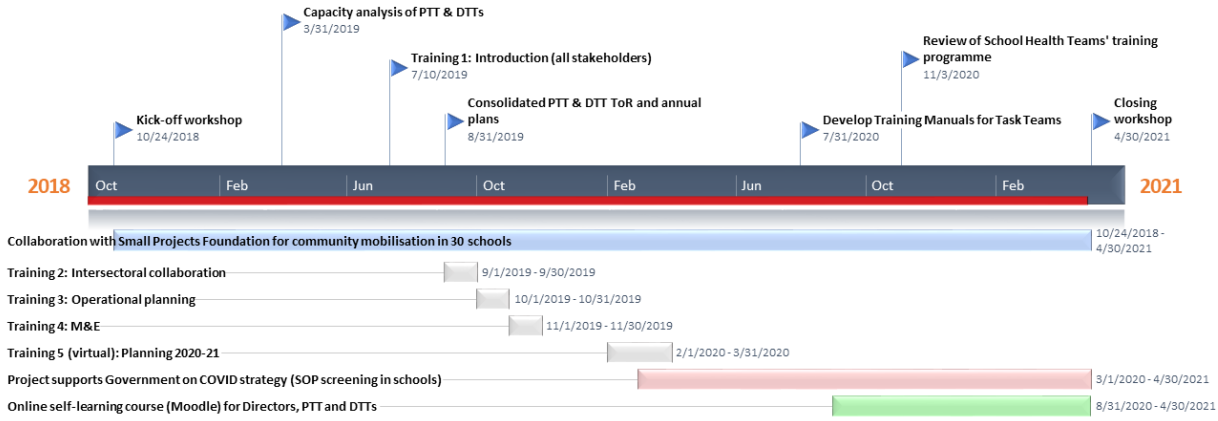
1. Ensure that the ISHP plan is developed and integrated into the district health and other relevant plans.
2. Allocate a person to oversee and manage the ISHP.
3. Conduct an audit of existing capacity for the delivery of the ISHP.
4. Appoint School Health Teams who are responsible for providing and coordinating provision of the school health package to all targeted learners.
5. Strengthen existing systems for communication, transport, equipment and referral.
6. Monitor implementation of the ISHP as outlined in the ISHP monitoring and evaluation plan.
7. Conduct capacity building of both health professionals and educators.

Focus on capacity development for Task Teams: the m4h/SCSA Consortium

In November 2018, MHIVP recruited the consortium of management4health (m4h) and Save the Children South Africa (SCSA) to reinforce the LOs in the capacity development of the Task Teams in order to support coordination and ISHP implementation through four Work Package.

1. Coordinate and carry out a Capacity Analysis.
2. Support concept of Capacity Development and Training measures.
3. Support the Task Teams on a needs basis.
4. Monitoring and Evaluation (M&E), Reporting, Knowledge Management.

The timeline on the next page traces the evolution of this capacity-development component of the MHIVP over the course of 2.5 years:



Starting with the basics: a capacity analysis to determine where support is needed

After a kick-off workshop with the GIZ team and project set-up including an office in East London, in February and March 2019 the consortium of m4h and SCSA conducted a thorough capacity analysis for the PTT and the three DTTs. The results were analysed in relation to the PTT's and DTTs' ability to implement their respective key tasks for ISHP implementation and led to five recommendations:

The PTT and DTTs need to

1. be fully conversant with the ISHP and the package of services required for implementation;
2. strengthen governance of the ISHP and intersectoral collaboration;
3. improve operational planning, programme management and monitoring of implementation plans;
4. strengthen implementation of the existing M&E framework of the ISHP and strengthen the referral system;
5. strengthen strategic direction and management of the ISHP.

These five recommendations subsequently formed the basis for the Task Teams' five initial training modules.

Intensive capacity building for Task Teams

A series of five workshops was planned to enable the Task Teams (and their respective Directors) to better assume their responsibilities for planning and monitoring implementation of the ISHP.

After the first, joint workshop, the others were one to two-day modules at the home location of the individual task teams, to reinforce their team coherence. In some cases this required several days' travel of trainers – and trainees – within the distant reaches

of the EC province. Each module started with the PTT, as supervisor of the three DTTs.

Reflecting the recommendations from the capacity analysis, the modules concerned:

1. The Integrated School Health Policy; an orientation on the ISHP for PTT, DTT and Senior Managers
2. Strengthening governance and intersectoral collaboration
3. Programme management, operational planning and monitoring of plans
4. Monitoring and evaluation for ISHP
5. Review of 2019/2020 plans and planning for 2020/21.

Training techniques used were participatory, alternating between presentations and discussions in plenary or in small groups, practical exercises, visualisation etc.

The first four trainings took place face-to-face between July and November 2019. By contrast, due to the COVID pandemic the last module, focussed on annual planning, was organised virtually between February and March 2020.

In total 171 Task Team members were trained in the course of these five modules.

Capacity development was not limited only to formal training. The consortium members supported all the Task Teams with mentoring and coaching and were active in an advisory role particularly to the PTT, which strengthened its core committee in the course of this collaboration.

In 2019 **multisectoral Task Teams increasingly organised joint monitoring of planned activities and joint school monitoring visits in the Districts.**

Difficulties encountered included lower availability of decision-makers to participate in Task Team meetings or the trainings.

Visit of Buffalo City Metro DTT to Openshaw Clinic in July 2019. © Mary White-Kaba

Administrative oversight by Task Teams complements community mobilisation and service provision to learners

The administrative responsibility of the PTT and DTTs, important as it is, is complementary to the contribution of other stakeholders for ISHP. These are the service providers – the teachers and health personnel who directly interact with the learners – and the community, particularly learners' families, whose comprehension and support of ISHP are necessary to enable the programme's positive effects.

In 2018, in parallel to its support to the Task Teams, MHIVP engaged a local NGO, the Small Projects Foundation, to promote social mobilisation for ISHP in and around 30 pilot schools (10 per district). Activities include capacity building for school-based support teams (SBST), peer educators and learner support agents, and outreach to parents using the ISHP 'Guidelines for Schools to Involve Parents in the Integrated School Health Programme'.

In two of the pilot districts MHIVP funded an outreach mobile bus to make screening and on-site care more accessible to learners – reflecting the ISHP's major bottleneck of insufficient human and logistic resources. Many schools receive less than one visit per year of a School Health Team – or more likely of just one School Health Nurse – so that learners have little exposure to health education from a source other than one of their teachers. This difficulty is reflected in the ISHP's M&E framework, which remains heavily weighted towards the Department of Health.

Other issues include schools' handling of confidential information such as a learner's HIV status, and the management of referral notes for medical treatment provided to a learner during a school health screening.

Screening for hearing. © GIZ

Gaining a deeper understanding through research and analysis

Knowledge Management is an important focus of the project, especially in the perspective of contributing to the planned revision of the ISHP policy and strategy.

Concerning the issue of referral notes, an action research initiative developed by the DTT of Alfred Nzo district has been written up as a study: 'ISHP Referral Practice and Network Analysis Alfred Nzo'.

A review of capacity development of School Health Teams, School Health Nurses and other service providers assesses the existing training package in the acontext of the evolving ISHP concept and ISHP implementation to date. This study makes suggestions for updating the programme and materials as well as for the planned revision of the ISHP.

Adapting to the COVID-19 pandemic

Like health projects around the world, the ISHP project had to adapt to lockdown conditions in March 2020, and refocus on dealing with COVID as a priority. Schools have been closed a large part of the time. The consortium partners were strongly implicated in advising South Africa's governmental task force on developing the country's response to the pandemic. They contributed particularly to managing COVID in schools, including screening and isolation measures for infected learners.

This led to development of an additional training module for Task Teams on 'ISHP and COVID', which due to the urgent situation became the first module in the new Capacity-Building Manuals for trainers and participants.

The planned fifth module had to be delivered online, a difficult adjustment for trainers and participants. The project and the Task Teams were obliged to adapt to the unexpected situation, expanding their digital and virtual capacity to enable the Task Teams to pursue their coordination.

The pandemic thus also contributed to a major breakthrough of the project: the development of an online self-learning platform, making the Capacity-Building programme accessible to a far wider audience than would have been possible with the originally planned face-to-face training for Directors and Master Trainers that was intended to close the project in the fall of 2020.

A lasting legacy of the ISHP project: the Capacity-Building Manuals and the online Moodle self-learning platform

The ISHP project closes after a five-month extension which enabled it to consolidate and pursue the online training platform and to prolong the support of the Liaison Officers to the respective Task Teams.

The Capacity-Building manuals developed by the consortium have perfected and standardised the practical training delivered to the ISHP Task Teams: the modules are now seven in number, having been completed with 'Financial Planning' and 'Human Resources Planning' – addressing issues that continue to affect ISHP implementation.

Bringing the Task Team training online via the Moodle self-learning platform underlines its complementarity with the online training for teachers on Comprehensive Sexuality Education (CSE). Key objectives of the Moodle platform are:

- To consolidate knowledge gained from the ISHP Capacity-Building programme for all ISHP Task Team members that attended the first four Capacity Building Workshops before the pandemic
- To support capacity building for COVID-19 prevention in schools
- To strengthen the knowledge of the Senior Managers (Directors from DoH, DoE and DSD) in ISHP and COVID-19 and therefore their on-going support to the ISHP Task Teams
- To support the 'Master Training' of core members of the ISHP Task Teams who will then be responsible for further training of Task Team members once the project ends.

Since September, the site numbers over 18,100 log-ins.

The Moodle platform (ISHP Capacity Building Programme (digitup.al)) should also make the capacity-building more accessible to the Directors who have had insufficient time to participate in meetings and face-to-face trainings.

Published by

management4health GmbH
Hebelstr. 11
D-60318 Frankfurt am Main
Germany

Phone : +49 69 3487 7710
Fax: +49 69 3487771 99
E-Mail: info@m4health.pro
Website : www.m4health.pro